Hepatitis B

Consent for hepatitis B vaccine and immunoglobulin and notification to the Medical Officer of Health

This form is completed by the consenting parent and the lead maternity carer (LMC) after the birth immunisations.

Instructions

The white LMC page is to remain with the maternity notes.
Send a copy of the white page to the local Aotearoa Immunisation Register (AIR) Administrator (details overleaf).
Send the yellow page to the Medical Officer of Health (details below).
Send the green page to the patient's GP.

Name	Districts covered	Address	Phone
Te Tai Tokerau	Northland/Te Tai Tokerau	Public and Population Health Unit Tohora House, Carpark 15 Maunu Road, Whangārei Private bag 9742, WHANGĀREI	(09) 430 4100
Auckland Regional Public Health Service	Tāmaki Makaurau-Auckland	Auckland Regional Public Health Service Cornwall Complex, Building 15 Greenlane, Private Bag 92 605 Symonds Street, AUCKLAND 1150	(09) 623 4600
Waikato	Waikato Ruapehu (northern part)	Public Health Unit Waikato District Health Board Level 1, Waiora CBD, 87 Alexandra Street Private Bag 3200, HAMILTON 3240	(07) 838 2569
Toi Te Ora – Public Health	Whakatāne	PO Box 241 WHAKATĀNE 3158	0800 221 555
	Tauranga	PO Box 2121, TAURANGA 3140	0800 221 555
	Rotorua and Taupō	PO Box 12060 ROTORUA SOUTH 3045	0800 221 555
Hauora Tairāwhiti	Gisborne/Tairāwhiti	Population Health Te Puna Waiora, Hauora Tairāwhiti Tangata Rite Building, 110 Peel Street Private Bag 7001 , GISBORNE 4040	(06) 869 1311
Taranaki	Taranaki	Public Health Unit Barrett Building, Tukapa Street Private Bag 2016, NEW PLYMOUTH 4342	(06) 753 7798
Hawke's Bay	Hawke's Bay	Hawke's Bay DHB, Population Health Napier Health Centre – 1st Floor, 76 Wellesley Road PO Box 447, NAPIER 4140	(06) 834 1815
MidCentral	Manawatū, Tararua, Horowhenua, Palmerston North City	Public Health Unit Community Health Village Palmerston North Hospital PO Box 11036, PALMERSTON NORTH 4440	(06) 350 9110
	Whanganui, Ruapehu (Southern part) and Rangitikei	Public Health Centre Lambie Hostel, Whanganui Hospital Private Bag 3003, WHANGANUI 4540	(06) 348 1775
Regional Public Health	Wellington Hutt Valley Wairarapa	Regional Public Health Hutt DHB, Level 1, Community Health Building Hutt Hospital Private Bag 31907, LOWER HUTT 5040	(04) 570 9002
Nelson-Marlborough Public Health Service	Nelson	Nelson Marlborough Public Health Service Nelson Marlborough DHB, Nelson, 281 Queen Street, Richmond, PO Box 647, NELSON 7040	(03) 546 1537
	Marlborough	Blenheim Office, 22 Queen Street PO Box 46, BLENHEIM 7240	(03) 520 9914
Community and Public Health	Canterbury, Chatham Islands	Canterbury, Chatham Islands PO Box 1475, CHRISTCHURCH 8140	(03) 364 1777
	Mid Canterbury	PO Box 110 ASHBURTON	(03) 307 6902
	South Canterbury	Private Box 510 TIMARU 7940	(03) 687 2600
	West Coast	PO Box 443 GREYMOUTH 7840	(03) 768 1160
Public Health South	Otago	Public Health South Southern DHB, Main Block, Level 2 Wakari Hospital, Taieri Rd Private Bag 1921, DUNEDIN 9054	(03) 476 9800

C	District AIR Administrators (send whi	te page)
Health District	Address	Phone
Auckland	AIR Administrator HealthWEST PHO PO Box 104 098 Lincoln North, Auckland 0654	0800 929 999
Bay of Plenty	AIR Coordinator Aotearoa Immunisation Register Private Bag 12024 Tauranga 3143	0800 476 887
Capital & Coast	AIR Administrator Tū Ora Compass Health Level 2, 35 – 37 Chapel Street Masterton 5810	04 886 5020 or 04 260 6611
Counties Manukau	AIR Administrator Counties Manukau District Health Board Private Bag 93 311 Ōtāhuhu, Auckland 1640	0800 454 375
Canterbury	AIR Administrator Canterbury District Health Board PO Box 800 Christchurch 8140	(03) 337 8966
Hawke's Bay	AIR Administrator Hawke's Bay District Health Board Public Health Unit Napier Health Centre PO Box 447 Napier 4140	027 278 0363
Hutt Valley	AIR Coordinator Regional Public Health Hutt Valley District Health Board Private Bag 31 907 Lower Hutt 5040	(04) 570 9797
Lakes	AIR Administrator Lakes District Health Board Pukeroa Hill Private Bag 3023 Rotorua 3046	027 223 2406
MidCentral	AIR Administrator MidCentral District Health Board Private Bag 11 036 Palmerston North 4442	027 447 1027
Nelson-Marlborough	AIR Administrator Nelson Marlborough District Health Board PO Box 647 Nelson 7040	0800 505 999
Northland/Te Tai Tokerau	AIR Coordinator Northland District Health Board PO Box 742 Whangārei 0140	021 753 552
South Canterbury	AIR Administrator Primary Community Services South Canterbury District Health Board Private Bag 911, Timaru 7940	(03) 687 2317
Southern (Otago)	AIR Coordinator Public Health South Southern District Health Board Private Bag 1921, Dunedin 9054	0800 787 998
Southern (Southland)	AIR Coordinator Vaccine Preventable Disease Team Southern District Health Board PO Box 828, Invercargill 9840	0800 787 998
Tairāwhiti	AIR Administrator Tairāwhiti District Health Board Private Bag 7001 Gisborne 4040	(06) 869 2092 Ext. 8732
Taranaki	AIR Administrator AIR Coordinator David St Private Bag 2016 New Plymouth 4342	(06) 753 7702
Waikato	AIR Coordinator Waikato District Health Board PO Box 934 Hamilton 3240	0800100273
Wairarapa	AIR Administrator Tū Ora Compass Health Level 2, 35 – 37 Chapel Street Masterton 5810	(06) 370 8055
Waitematā	AIR Administrator HealthWEST PO Box 104 098 Lincoln North, Auckland 0654	0800 929 999
West Coast	AIR Administrator West Coast District Health Board Community Services PO Box 387 Greymouth 7840	(03) 769 7531
Whanganui	AIR Administrator Whanganui District Health Board Private Bag 3003 Whanganui 4540	(06) 348 1221



Consent for hepatitis B vaccine and immunoglobulin and notification to the Medical Officer of Health

Mother:	Surname						NHIn	o:			DOB	1 1
	First Name/s	6										
Baby:	Surname						NHIn	0:			DOB	1 1
	First Name/s	6							Male		Female	
Address:												
Phone:		()				Place	of Birth	ı:			
Alternativ	ve Address:											
Phone:		()									
GP: Name	e/Surgery:											
Address:												
Phone:		()									
Lead Mate	ernity Carer	:										
Ethnic gr	roup: (Tick a	all that appl	· =	NZ Europe Cook Islan		Māori Indian	=	Tongan Other (p	lease specif	Chinese [Samoan	Niuean
Mother's	hepatitis	B surface	e antige	n status	:	Positive	e 🔲	Unknow	n (Ifthe sero	ology is unknow	n it should be ch	ecked urgently)
Parent co	onsent:											
mother is a I consent /	a carrier of th do not cons	e hepatitis ent (delete	B antiger which is	n. Thave be	een given	information ar	nd have ha receiving	ad any qu the hepa	uestions ans	wered to my sa	tisfaction. s B immunoglobu	from hepatitis B if the
Parent/Gua	ardian:	Sigr	nature				Nan	ne			Date	
I consent	-	onsent (d	delete w	/hich is r	not appl	icable) to th	e above	child r	eceiving tl	nree further	doses of hepa	titis B
6 weeks:	Parent/Gu	ıardian Sigr	nature				Nan	ne			Date	1 1
3 months:	Parent/Gu	ıardian Sigr	nature			Name					1 1	
5 months:	Parent/Gu	ıardian Sigr	nature					ne		Date	1 1	
						_		ne Medica	al Officer of	Health, the AIR	Administrator and	d the patient's GP to
ensure tha			es follow- nature	-up and th	e full cou	rse of these va	ccines. Nam	ne.			Date	
,		Ü		n check t	that the	ahove child			protected	against) her	patitis B with a	hlood test
Do you a	gree to the	Public H	ealth S	ervice co	ontactir	ng you about	this?		YES 1	10		ormation on the Al
Protocol	s and reco						T					
	Vaccine	Dose	Day	Date giver Month	Year	Batch Number	Expiry Month	/ Date Year	Body Site (see below)	Print	accinator : Name and ID NZNC APC) clearly	Vaccinator Signature
Birth	Нер В	10mcg	I		-					(142140/14	VELVO AL CI CIERLIY	
	HBIG	110 IU	I	ı								
6 weeks	DTaP-IPV- Hep B/Hib	Usual schedule			I							
3 months	+	Usual schedule	I	I	I							
5 months	 	Usual schedule	I	I	I		I					

Body Site Codes: RVL - Right Vastus Lateralis (outer thigh); LVL - Left Vastus Lateralis (outer thigh); RD - right deltoid (upper arm); LD - left deltoid (upper arm); O - Other. Key: Hep B = hepatitis B vaccine; HBIG = hepatitis B immunoglobulin; DTaP-IPV-Hep B/Hib = diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, hepatitis B, haemophilus influenzae type b vaccine

 $Lead\ maternity\ carer\ to\ complete\ after\ the\ birth\ immunisations.$

- White copy to remain with maternity notes.
- Send a copy of the white page to the local AIR Administrator.
- Yellow copy to local Medical Officer of Health.
- Green copy to patient's GP.

Health New Zealand Te Whatu Ora **Te Kāwanatanga o Aotearoa** New Zealand Government



Consent for hepatitis B vaccine and immunoglobulin and notification to the Medical Officer of Health

Mother:	Surname						NHIn	o:			DOB	1			
I	First Name/s	6													
Baby:	Surname						NHIn	o:			DOB				
1	First Name/s	5							Male		Female				
Address:															
Phone:		()				Place	of Birtl	h:						
Alternativ	e Address:														
Phone:		(
GP: Name	/Surgery:														
Address:															
Phone:		()												
Lead Mate	ernity Carer	r:													
Ethnic gr	roup: (Tick a	all that appl		NZ Europe Cook Islan		Māori Indian		Tongan Other (p	lease specif	Chinese [Samoan		Niuean		
Mother's	hepatitis	B surface	e antige	n status	:	Positive		Unknow	ın (Ifthe sero	ology is unknowr	n it should be cl	necked u	urgently)		
Parent co	onsent:														
I consent /	do not cons		_		_					wered to my sat		ulin at bi	irth.		
Parent/Gua	ardian:	Sigr	nature				Nan	ne			Date		l		
I consent	-	onsent (d	delete v	vhich is r	not appl	icable) to th	e above	child r	eceiving tl	hree further o	doses of hep	atitis B	3		
6 weeks:	_	uardian Sigr	nature				Nan	ne			Date		1		
3 months:	Parent/Gu	uardian Sigr	nature					ne =		Date					
5 months:	Parent/Gu	uardian Sigr	nature				Nan	Name Date							
						_		ne Medic	al Officer of	Health, the AIR A	.dministrator a	nd the pa	atient's GP to		
Parent / Gu			es follow nature	-up and th	ie full cou	rse of these va	ccines. Nan	ne [Date				
		, and the second	_	o chock t	that the	abovo child			brotoctod	l against) hep		a blood	dtost		
Do you ag	gree to the	e Public H	lealth S	ervice co	ontactir	ng you about	this?		YES N	NO octor or nurse					
Protocols	s and reco	rd of Hep	atitis B	vaccine	s given:		,		,						
	Vaccine	Dose		Date giver		Batch Number		y Date	Body Site		ccinator Name and ID		Vaccinator Signature		
Dinth			Day	Month	Year		Month	Year	(see below)		ZNC APC) clearly				
Birth	Нер В	10mcg	1									_			
6 weeks	DTaP-IPV- Hep B/Hib	Usual schedule													
3 months	 	Usual schedule	I	ı	I		I	I							
5 months	 	Usual	I	ı	I		I								

Body Site Codes: RVL - Right Vastus Lateralis (outer thigh); LVL - Left Vastus Lateralis (outer thigh); RD - right deltoid (upper arm); LD - left deltoid (upper arm); O - Other. $\textbf{Key:} \ \ \text{Hep B} = \text{hepatitis B vaccine; HBIG} = \text{hepatitis B immunoglobulin; DTaP-IPV-Hep B/Hib} = \text{diphtheria, tetanus, tetanus$ $acellular \,pertussis, in activated \,polio \,vaccine, \,he patitis \,B, \,ha emophilus \,influenzae \,type \,b \,vaccine$

Lead maternity carer to complete after the birth immunisations.

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Te Kāwanatanga o Aotearoa New Zealand Government



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Mother:	Surname						NHIr	10:			DOB	I	1	
	First Name/s	5												
Baby:	Surname						NHIr	10:			DOB		1	
	First Name/s	5							Male		Female			
Address:														
hone:		(() Place of Birth:											
lternativ	e Address:													
hone:		()											
SP: Name	/Surgery:													
ddress:	70u.80. y.													
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	ernity Carer													
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				Cook Islan	ius Maori	Indian		Otner (p	lease specif	у) [
lother's	hepatitis	B surface	e antige	en status	:	Positive	е	Unknow	ın (Ifthe serc	ology is unknow	n it should be che	cked urg	gently)	
arent co	onsent:													
nother is a	a carrier of th	e hepatitis	B antiger	n. I have be	een given	information a	nd have h	ad any qı	uestions ans	wered to my sat	et most children fr tisfaction. s B immunoglobul			
arent/Gua			nature	Посарріїс		THE ABOVE OF THE	Nar			те апа перация	Date	I I I I I I I I I I I I I I I I I I I	 I	
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weeks:	_	ıardian Sigr	nature				Nar	ne			Date	T	I	
months:	Parent/Gu	ıardian Sigr	nature				Nar	ne			Date	T		
months:	Parent/Gu	ıardian Sigr	nature				Nar	Name				1		
consent/	do not cons	ent (delete	which is	not applic	able) to t	his form being	given to tl	ne Medic	al Officer of F	Health, the AIR A	Administrator and	I the pat	ient's GP to	
nsure that	t the above o	child receiv	es follow	-up and th	e full cou	rse of these va	iccines.							
arent / Gu		Ü	nature				Nar				Date	- 1		
										against) hep	oatitis B with a	blood	test.	
	_					ng you abou				10				
nis intor	mation wi	ii be recoi	raea on	tne Aote	aroa im	munisation	Register	. Please	ask your do	octor or nurs	e for more info	rmatio	n on the <i>i</i>	
rotocol	s and reco	rd of Hep	atitis E	3 vaccine	s given:									
	Vaccine	Dose		Date giver		Batch Number		y Date	Body Site		ccinator Name and ID		accinator Signature	
			Day	Month	Year		Month	Year	(see below)		IZNC APC) clearly			
Birth	Нер В	10mcg			I									
6 weeks	HBIG	110 IU			,									
- weeks	DTaP-IPV- Hep B/Hib	Usual schedule			I									
3 months	DTaP-IPV- Hep B/Hib	Usual schedule		I	I		1							
5 months	DTaP-IPV- Hep B/Hib	Usual								·				

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